



2023 Lummi Nation Basic Needs Distribution Intake Form

This information contained on this form is not for public or any outside agency or entity. This form will be used for LIBC internal use only.

Tribal Member Information

First Name

Middle Initial

Last Name

Mailing Address

City, State, Zip

Enrollment #

Last 4 SSN

Date of Birth

Phone Number

Email

Certification of Basic Needs

I _____ am certifying that I am a Lummi Nation enrolled member.
I hereby accept this basic needs distribution and I will use this assistance to supplement my basic expenses such as paying for rent, utilities, mortgages payment, essential food or supplies, health care, etc.

I agree with the above statement

Signature

Date

ACCOUNTING USE ONLY

Check# _____

Authorization to release form attached? NO / IF YES, Picked up by: _____

Released check after verified identification Tribal ID/CIB to invoice #: _____

Initials

Date